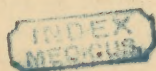


Sexton (S.)

*With the Compliments of the
Author*

JOURNAL

OF



CUTANEOUS AND VENEREAL DISEASES.

VOL. I.

JUNE, 1883.

No. 9.

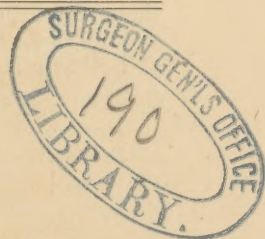
Original Communications.

TUBERCULAR SYPHILIDE OF THE EAR.

BY

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SYPHILITIC aural affections, if we include invasions of the middle, and perhaps also of the inner ear, are by no means rare, as a casual search of my own recorded observations shows. Bumstead and Taylor¹ state that "cases of syphilitic disease of the ear, or those recognized as such, are rare;" they say, however, that the external ear "is not unfrequently the seat of secondary manifestations." The only allusion to the invasion of the auricle by the tubercular syphilide that I find in this exhaustive treatise is, that in two cases observed by the authors where extensive eruptions occurred on the body and face, "the lobules of the ears were destroyed."² Unless the sound-transmitting or the perceptive structures of the organ of hearing be at the same time affected with this, or other disease, the otologist is not often afforded an opportunity of observing cases of syphilis affecting the external ear, since diseases of this portion of the ear do not give rise to deafness and are, therefore, more liable to fall into the hands of the syphilologist.

The following three cases of tubercular syphiloderm, which were sent to me for treatment, seem, on account of their rarity, to be worthy of a place in the JOURNAL OF CUTANEOUS AND VENEREAL DISEASES.

For the reports of the two cases first given below I am indebted to my

¹ Venereal Diseases, p. 729. Phila., 1879.

² Loc. cit., p. 546.

late assistant, Dr. Adolph Rupp, without whose interest in the treatment and recording of these cases in the hurry of a large clinical practice I should be unable to present them so satisfactorily.

CASE I.—Female; K. T.; born in U. S., but of Irish parentage. Her age is twenty-seven years and she is married. She came to my aural clinic at the New York Eye and Ear Infirmary May 8th, 1882. The patient was a dark blonde; her face had a dusky, flushed appearance, and the nose looked thick and red—conditions which the patient attributed to having a cold in the head, which was contracted two months previously, at which time she also suffered much from headache.

She stated that a month ago her ears began to itch a great deal, and the druggist to whom she applied for relief gave her a “wash” which she says “burned” her ears and gave rise to the ulcers on her auricles, for the cure of which she now applies. She complains of severe headache which radiates into the face, and of the running from the nose.

The ulcerations on the auricles, having an appearance which suggested their syphilitic origin, a history of the case was inquired after. Syphilis was denied, she stated, however, that her husband had been treated at Bellevue Hospital for some genital trouble.¹

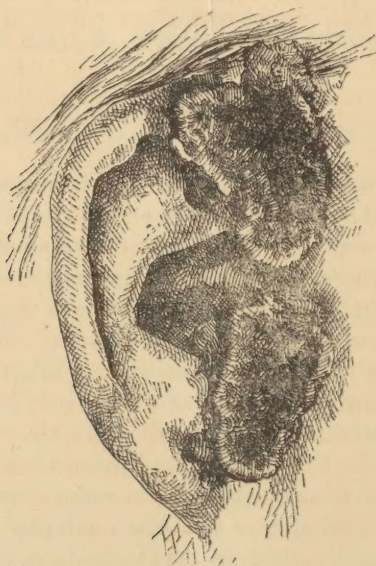


FIG. 1.

Examination of the ears shows that the superior portion of both auricles (see Fig. 1) was the seat of an eroding ulcer, covered in part with dirty, thick, dark crusts, emitting a disagreeable odor. On the right ear the ulcerative process involved the anterior portion of the auricle, the tragus, and the anti-tragus, including the intervening parts, and a part of the lobule. Ulceration of these parts of the auricle is less

¹ Inquiry at Bellevue Hospital elicited the fact that her husband had been operated on for perineal abscess and urethral stricture.

marked on the left side. The auricles are both of them infiltrated, especially so in the immediate vicinity of the ulcerations. The unseemliness of the ears was very marked, the crusts on the right ear being particularly conspicuous. The diagnosis of tubercular syphiloderm was made and was subsequently confirmed by Dr. L. D. Bulkley, to whose clinic the patient was sent for examination.

Treatment. The patient was put on the mixed treatment of bichloride of mercury and the iodide of potassium in very small doses. No local medication whatever was recommended.

May 15. Pains in the head and elsewhere no longer remain. Her nose feels better; the coryza is much less. The nose had been examined for ulcerations, but none were found. The appetite has improved. Her face is still flushed and dusky in appearance. The lips and mucous lining of the mouth are pale. The ulcerations on the auricles look cleaner, and the redness and infiltration are somewhat diminished. The entrances to the canals are more free in consequence of the clearing away of the incrustations. Treatment continued.

May 18. The large crust which covered the region about the tragus has fallen off, leaving only the base of the right tragus. Crusts have fallen off from other parts of both of the auricles which were the seats of ulceration, leaving clean ulcers, with sharply defined irregular edges, and a show of tissue loss. The red and infiltrated condition of the auricles has almost entirely disappeared, but the deformity from ulcerative action, and probably also from atrophy, is quite perceptible. The patient was feeling very well in all respects, and did not again return to the clinic after this date.

During the course of treatment the patient confessed to having once had the same kind of eruption on her arms that was then seated on the auricles, but it had some time previously disappeared and when she came under observation there was no other eruption on any portion of the body. An interesting feature of this case was the rapid improvement under very small doses of the biniodide of mercury and iodide of potassium—about one-fortieth of a grain of the former and two and a half grains of the latter being given three or four times daily. The prompt effect of the medicine was probably owing to the fact that the patient had not been previously treated with these remedies. She seemed to have had no idea of the gravity of the affection and was only distressed on account of the disagreeable odor emanating from the sores and their unsightliness.

CASE II.—Female, thirty-two years of age, of German nativity. This patient was referred to my aural clinic at the New York Eye and Ear Infirmary by Dr. H. G. Piffard. The usual inquiries pointing to the aural history of the case elicited the statement that when seven years old she had measles which left her with a discharge from the right ear, lasting until she was seventeen years old and discharging occasionally since then. Seven years ago she had peritonitis. She comes to the clinic on account of the unsightly incrustations on the right auricle. The right ear discharges slightly now. She complains much of headache which is probably in part due to obstipation. Over two years ago she contracted syphilis from her husband—at first there was a sore on the vulva which healed

readily. There was very little subsequent eruption, and her hair came away to a slight extent only. She had been immediately treated with mercurials. Over the right frontal prominence there is an immovable hard swelling with a base of the size of a five-cent piece—this gives rise to pain which is worse at night.

Aural examination showed that the antitragus, tragus, and a portion of the concha of the right ear were covered, to the extent of about three-fourths of an inch in diameter, with a thick dark crust, its perpendicular diameter being greatest. Some rather inspissated pus was seen lying deep down in the canal—the result of the chronic purulent inflammation of the middle ear. A diagnosis of tubercular syphilide of the auricle was made and the patient was placed on the following:

℞ Hydr. bichlor..... gr. i.
Potas. iod..... 3 ij.
Aquæ dest..... 3 iv.

M. Dose, a teaspoonful three times a day.

Aug. 24. Auricular incrustations have diminished in size considerably. The right ala nasi is red and infiltrated.

Aug. 31. The incrustated part of the right auricle is much smaller; no longer extends into the canal. The parts are now dry. The swelling on the forehead is about one-half the original size, and is not yet free of pain. The treatment to be continued.

Sept. 7. Crust nearly all gone from the auricle. Treatment the same.

Sept. 14. The node over right frontal protuberance is gone, but the pains there have increased. The crusts on the right auricle have nearly disappeared.

℞ Hydg. bichlor..... gr. i.
Pot. iod..... 3 ij.
Aqua dest..... 3 iv.

M. Dose, a teaspoonful three times a day.

Nov. 9. The right auricle feels hot to her; is red, and in places moist and scabby, and the lobule is infiltrated. The stomach seems to be disturbed by the medicine. The appearance of the auricle is eczematous, and the viola tricolor (fluid ext.) was ordered to be taken every four hours in doses of thirty drops in half a glassful of water.

Nov. 13. Auricle less humid. A swollen gland can be felt beneath lobule. The improvement is marked.

Nov. 16. Lobule less infiltrated, but the crusting over it and parts of the auricle is greater.

℞ Hydg. ~~iod~~ rub..... grs. 3.
Viola tricolor, fl. ext..... 3 vi.
Aquæ dest..... 3 iv.

M. Dose, a teaspoonful every four hours.

There was subsequently a weeping eczema in the groove between the helices; the surface was red, with small, almost miliary vesicles. There was also a similar condition of things at the insertion of the auricle posteriorly. Her last visit at the Infirmary was on March 8, 1883, at which time this eruption in the auricle was all that troubled her; there was little or no otorrhœa.

This case, although less marked as a syphilide, seems to possess much interest for the syphilologist in consequence of the apparent influence of

the intercurrent invasion of eczema during its course. *After the dropping off of the scabs had occurred, it was found that there had been scarcely any loss of tissue underneath.*

It appears, according to Bumstead and Taylor,¹ that "the course of syphilitic eruptions is not infrequently interrupted or even permanently arrested by some acute disease." Numerous instances of this have been reported, the influence of erysipelas being most frequently observed, according to French authorities. I have not been able to find any reference in the work cited above to the influence of intercurrent eczema during the course of syphilides, although I dare say such an occurrence is by no means rare.

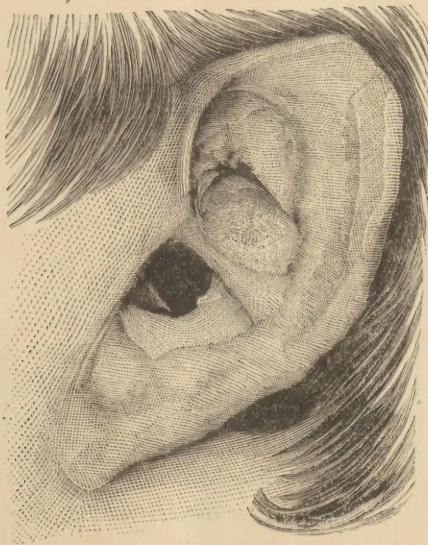


FIG. 2.

As soon as the mixed nature of the affection was manifest, the treatment was adapted to the new condition of things. The employment of the *viola tricolor* was decided on after reading an article on the subject by Dr. Piffard.² Its effect in this case seemed to be very considerable, but not so marked as in some other cases where the remedy was employed in the aural eczema of children.

The following case, although seen before either of the above, is introduced last, because it so well illustrates the deformity likely to ensue where a large portion of the auricle has been involved in the disease.

CASE III.—Mr. J. J., a shipping clerk, aged fifty years, consulted me in September, 1880, on account of otalgia in the right ear, due to carious teeth and a severe cold in the head contracted a week or so ago.

¹ Loc. cit., p. 513.

² The Medical Record, April 29, 1882.

The symptoms accompanying the middle-ear trouble of this case not being of any particular interest in this connection, will be omitted. It may be stated, however, that the patient had never had any aural trouble affecting the hearing before the present time, although when a child he suffered much from pains in both the teeth and ears.

In 1850, he contracted syphilis. His hair fell out, and he had sore throat and other syphilitic symptoms. On the face, head, body, and limbs rather dead-white, but well marked, cicatrices are seen. There are at present nodes on the right shin-bone. While under treatment, he was salivated, and then put on iodide of potassium, which drug he has been taking in larger or smaller doses ever since, discontinuing it at times altogether for a month or so. At present he is taking on his own account twenty-four grains of the salt three times a day.

Appearance of the affected ear.—The left (affected) auricle is, as shown in the cut (Fig. 2) very much deformed, the result of an ulcerative process. The cartilage seemed to be almost denuded, the skin covering it having a shiny cicatricial appearance. The thinness of the auricle is very well shown in the cut. The external auditory canal was naturally enormous in size on both sides. With direct solar illumination, one could look down upon and plainly see the membranæ tympanorum.

REMARKS.

It would seem that the tubercular syphilide is a tertiary lesion met with late in syphilis, that it is not liable to ulcerate, and that the loss of tissue when present is due to interstitial absorption. It is stated by Bumstead and Taylor,¹ that it is usually met with in cases that have not been thoroughly treated at the onset. It usually has a chronic course when the body is affected, is without pain, heat, or itching. When it appears late in the disease, the tubercles may be limited in number, at the time of eruption at least, and may be, as in the aural cases I have reported, confined to a single region. I have never seen a case of this disease early enough to observe its first symptoms. In the work above cited, the tubercles are said to "begin as deep-red spots, which slowly increase in size and thickness until, when fully developed, they have a diameter of from one-half an inch to an inch." Burnett² observed a case under the care of Duhring; he states that "the posterior part of the auricle is more likely to be attacked first than any other point, the spot most liable being the point of junction between the auricle and the head." In the case above cited, "there first appeared a circumscribed, infiltrated lump on the posterior surface of the auricle, which gradually increased until it has diffused itself throughout the tissues of the pinna." In my own experience, the disease seems disposed to confine itself to the anterior portion of the pinna.

The crust, as shown in Fig. 1, seems to be somewhat peculiar to some varieties of the disease. At first, it was quite adherent, with slightly

¹ Loc. cit., p. 544.

² Treatise on the Ear, pp. 232-233.

everted edges, which gave it the appearance of being much thicker than it really was.

Atrophy follows this eruption; but, unless tubercles have been permitted to long remain without treatment, cicatrices, if present, may not leave any marked deformity.

Should ulceration occur in any portion of the eruption, which it sometimes does, the thickness of the crust will be increased—the color becoming greenish-black, its surface rough—the resulting cicatrization leaving unsightly scars.

A careful consideration of the more apparent symptoms of this disease will leave but little doubt in the mind as to diagnosis when a case is under observation. There are certain cases, it is true, of eczema, lupus, epithelioma, etc., which resemble the tubercular syphilide; thus Buck¹ reports a case which he has diagnosed as an epithelioma, but which, from the local appearances described, might be taken for a tubercular syphilide.

THE TREATMENT OF ECZEMA.

BY
DR. MCCALL ANDERSON.

(Continued from page 240.)

THE DIET is of great importance, and must be very carefully regulated, especially in the subjects of the rheumatic and gouty diatheses, and when the disease is associated with symptoms of digestive derangement. The patient should be warned to eat moderately and slowly, and to masticate his food well. In a few cases it will be found of advantage to prescribe very light or even milk diet, all animal food being avoided for a time—in those, namely, who are laboring under an acute attack, or who have been in the habit of indulging too freely in the pleasures of the table, for there can be no doubt that the eruption in quite a number of cases is called forth by excesses in diet, especially among the upper classes. When eczema occurs in diabetic subjects, the avoidance of saccharine and of amylaceous food (which in the system yields sugar) is generally necessary, as well as other treatment applicable to cases of diabetes occurring in those who are laboring under eczema. Quite recently, on the recommendation of Mr. Balmanno Squire (*Brit. Med. Journal*, April, 1822, p. 499), a meat diet, even in non-diabetic persons, has been tried on the principle of Bantingism, and occasionally with the best results, although we have not yet sufficient experience to enable us to say exactly in what class of subjects it is likely to prove of service.

¹ Diagnosis and Treatment of Ear Diseases, p. 51, Wood's Library. New York, 1880.